

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09/744916

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		2				
5	0					
6	0					
7	0					
8	0					
9	0					
10	1					
11		1				
12		2				
13	0					
14	0					
15	0					
16	0					
17	0					
18	1					
19		1				
20	1					
21		1				
22		2				
23	0	2				
24	1					
25		1				
26		1				
27		1				
28		2				
29		1				
30		1				
31	0					
32		1				
33			1			
34			1			
35			1			
36			1			
37			1			
38			1			
39			1			
40			1			
41			1			
42			1			
43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.			0		0	
TOTAL DEP.			0		0	
TOTAL CLAIMS			0		0	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				1		
53				1		
54				1		
55				1		
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99						
100						
TOTAL IND.			0		4	
TOTAL DEP.			0		20	
TOTAL CLAIMS			0		24	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell  
National Stage Processing  
(703) 305-3831